


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # N30322		
1. Entity Name FIRST HAITIAN BAPTIST CHURCH OF AVON PARK, INC.		
Principal Place of Business 104 SOUTH FOREST AVE AVON PARK, FL 33825	Mailing Address P.O. BOX 28 AVON PARK, FL 33825 US	



02212007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0374457	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REV. ETIENNE E. DELPHIN 538 LEAHY AVE LAKE PLACID, FL 33852	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELPHIN, ETIENNE E 538 LEAHY AVE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT DELPHIN, MARIE 538 LEAHY AVE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELPHIN, BRENDA 538 LEAHY AVE LAKE PLACID, FL 33852
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Etienne E Delphin **2-21-07** **(863) 465-3527**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #